

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7704

State File No.

FILED APR 6 1955

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give town) Anutt	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Anutt	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION None		STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) a. (First) ANNA	b. (Middle) EULA	c. (Last) FRANK	4. DATE OF DEATH (Month) (Day) (Year) March 15, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 13, 1877
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) Anutt, Missouri	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Silas Headrick	13b. MOTHER'S MAIDEN NAME Nancy Plank	14. NAME OF HUSBAND OR WIFE Jacob A. Frank (Deceased)
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Vernon Frank, Rolla Missouri	ADDRESS
---	-------------------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardiac & pulmonary arrest		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) cachexia & debilitation	
		DUE TO (c) congestive heart failure	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Total insanity	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4341	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **July**, 1954, to **March 14**, 1955, that I last saw the deceased alive on **March 14**, 1955, and that death occurred at **10:30P m.**, from the causes and on the date stated above.

23a. SIGNATURE B. G. Myers, M.D. (Degree or title)	23b. ADDRESS Fitch, Mo.	23c. DATE SIGNED 3-17-55
---	--------------------------------	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Mar. 19, 1955	24c. NAME OF CEMETERY OR CREMATORY Anutt Cemetery	24d. LOCATION (City, town, or county) (State) Anutt, Dent Co., Mo.
---	--------------------------------	--	---

DATE REC'D BY LOCAL REG. 3-22-55	REGISTRAR'S SIGNATURE R. E. Mitchell, M.D.	515 By S. G. [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rolla, Mo.
---	---	------------------------------------	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 11 1934

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
D. B. V. Hall

Licensed Embalmer No. 330

P. O. Address *Railway*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.